

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000004301 (5)**  
 1. Corporation Name  
**AMERICAN HOMEPATIENT, INC. OF DELAWARE**

Principal Place of Business <b>5200 MARYLAND WAY, SUITE 400 BRENTWOOD TN 37027-5018</b>	Mailing Address <b>5200 MARYLAND WAY, SUITE 400 BRENTWOOD TN 37027-5018</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/29/1996</b>	
21	22	26	27	4. FEI Number <b>62-1474680</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEOP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WISSING, EDWARD K</b>	1.2 NAME	
STREET ADDRESS	<b>5200 MARYLAND WAY, SUITE 400</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027-5018</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, THOMAS E</b>	2.2 NAME	
STREET ADDRESS	<b>5200 MARYLAND WAY, SUITE 400</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027-5018</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCFO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODGERS, MARY E</b>	3.2 NAME	
STREET ADDRESS	<b>5200 MARYLAND WAY, SUITE 400</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027-5018</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILBER, ALLAN C</b>	4.2 NAME	
STREET ADDRESS	<b>2 FIRST CANADIAN PLACE, SUITE 1300</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO, ONTARIO CA M5X 1E3</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERLIS, MORRIS A</b>	5.2 NAME	
STREET ADDRESS	<b>2 FIRST CANADIAN PLACE, SUITE 1300</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO, ONTARIO CA M5X 1E3</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SONSHINE, EDWARD Q.C.</b>	6.2 NAME	
STREET ADDRESS	<b>2 FIRST CANADIAN PLACE, SUITE 1300</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO, ONTARIO CA M5X 1E3</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *R. L. F. M.*

CR2E034 (10/97)

**American HomePatient, Inc.**

**Fein 62-1474680**

<u>Officers</u>	<u>AHP DE (public co.)</u>	<u>Address</u>
Edward K. Wissing	President and CEO	5200 Maryland Way Ste. 400, Brentwood, TN 37027
Mary Ellen Rodgers	Sr. VP of Finance, CFO, Acctg. Officer & Secretary	5200 Maryland Way Ste. 400, Brentwood, TN 37027
David Gnass	Sr. VP	5200 Maryland Way Ste. 400, Brentwood, TN 37027
Robert L. Fringer	VP & Asst. Secretary	5200 Maryland Way Ste. 400, Brentwood, TN 37027
Rita N. Hill	Sr. VP & Asst. Secretary	5200 Maryland Way Ste. 400, Brentwood, TN 37027

<u>Directors</u>	<u>Address</u>
Henry T. Blackstock	100 Executive Way, Ste. 212, Ponte Verde Beach, FL 32082
Thomas A. Dattilo	1945 Ohio Street, Lisle, IL 60532
Joseph F. Furlong III	3 Embarcadero Ctr., Ste. 2260, San Francisco, CA 94111
Morris A. Perlis (Chairman)	Exchange Tower, Ste. 1300, Two First Canadian Place, Toronto, Ontario M5X 1E3
Allan C. Silber	Exchange Tower, Ste. 1300, Two First Canadian Place, Toronto, Ontario M5X 1E3
Edward Sonshine	Exchange Tower, Ste. 1300, Two First Canadian Place, Toronto, Ontario M5X 1E3
Edward K. Wissing	5200 Maryland Way, Ste 400, Brentwood, TN 37027
Mark Manner	1800 First American Center, Nashville, TN 37238